

**Shreveport Baptist Temple  
2019 Winter Camp  
Camper Registration Packet**

Welcome to SBT Winter Camp! We are excited to offer these camps over the Christmas and New Year Holiday! We look forward to a fun time with our campers.

(Please read, understand and fill out ALL information in this packet)

**Camper Information**

Name: \_\_\_\_\_ Age: (As of June 1st, 2019) \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Parent Information**

Parent/Guardian Name \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Do you currently attend church? Yes or No, if so, what is the name of the church? \_\_\_\_\_

**Emergency Contact(s)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Important Information:**

- Camp hours: 8am to 5pm (Early drop off at 7:30am & late pick-up at 5:30pm. \$10 late fee applied after 5:30pm.)
- Camps are for ages 4 to 11. (4 & 5 years old will be separated from our 6 to 11 year olds when necessary.)
- Parents to provide daily: Lunch and nap mat for 4 & 5 year olds. Optional snack money or a snack.

**Camp pricing:**

- Register for 6 or more days for \$20 per day. \$10 sibling discount to final total.
- Register for 5 days or less for \$30 per day. \$10 sibling discount to final total.
- FULL payment due upon registration. Spots are limited in camp. All fees are non-refundable, and non-transferable.

**Needed for Registration:**

1. Completed registration packet.
2. Full payment for camp (Checks not accepted after December 14th. Cash or card only.)

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2019 Winter Camp**

**Campers Name:** \_\_\_\_\_

**Days you are registering for (Please check all that apply):**

**December:**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                  20th    23rd    26th    27th    30th    31st

**January:**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                  2nd    3rd    6th

**Pricing: 6 to 8 days = \$20 per day and 5 or less days = \$30 per day**

(Pricing Ex. 2 campers @ 5 days @ \$30 per day = \$300 - \$10 sibling discount = \$290)

Number of campers \_\_\_\_\_ @ Total days registered \_\_\_\_\_ @ Pricing rate \_\_\_\_\_ = Total Due \_\_\_\_\_

Sibling Discount is applied after total is complete at \$10 per additional sibling.

**Total amount to be drafted for Christmas Camp:** \_\_\_\_\_

**Payment Information:**

Name (as it appears in card): \_\_\_\_\_

Cardholder's relationship to participant(s): \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am aware that all payments for these Camps are non-refundable and non-transferable. Since I have given this information to the camp, my child's spot has been reserved on the roster for the days chosen, and therefore I am responsible for the balance. I am aware of and responsible for full payment of "late pickup fees" that are mentioned in this packet. By my signature, I understand and am in agreement with the points mentioned in this payment agreement and registration packet, and will honor this agreement for the duration of my child's participation in this camp activity. Also, by my signature, I am giving permission to SBT Character Camp staff to draft my Credit/Debit card for tuition above, prior to the start date of the camp.

**Cardholder's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Shreveport Baptist Temple  
2019 Winter Camp**

**Day Camps Release of Liability**

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“AGREEMENT”)**

In consideration of participating in programs at Shreveport Baptist Temple - Character Camps/Summer Day Camps I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such an Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of “releases” named below: and that there may be other risks not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Shreveport Baptist Temple, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, sponsors, advertisers, and, if applicable, owners or lessors of premises on which the Activity takes place, (each considered one of the “RELEASES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or part by the negligence of the “releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which may incur at the result of such a claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of participant \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT**

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor or anyone on the minor’s behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, cost any Releases may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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2019 Winter Camp**

**Medical & Photo/Video Release Form**

**Campers Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Handicaps:** (specify body parts, weaknesses, weight problems, physical impairments, etc.)

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**Chronic Ailments: (check all that apply)**

Asthma \_\_\_\_\_ Circulatory or Heart Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Hemophilia/other bleeding problems \_\_\_\_\_ Other(specify) \_\_\_\_\_

**Psychological Handicaps:** (fears, anxieties, etc.)

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**Allergies:** \_\_\_\_\_ Penicillin \_\_\_\_\_ Insect Bites \_\_\_\_\_ Other (specify)

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**Accident/Health insurance information:** (Please attach a copy of the child's health insurance cards)

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Agreement:**

In case of emergency, I hereby give permission to the physician selected by my child's camp head instructor to hospitalize and secure proper treatment for my child, as named above. (Parent contact would be attempted in this situation. This is emergency only.)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Release:**

I hereby give permission for images of my child to be captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of the Shreveport Baptist Temple promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Transportation & Movie Permission

### Transportation Permission

I understand that my child will be transported by van/vehicle to and from certain events that are involved with the Shreveport Baptist Temple Camps.

I, the parent or guardian of (please print) \_\_\_\_\_, give permission for the staff of Shreveport Baptist Temple to transport my child to and from the scheduled activities of the SBT Day Camps. I also understand that this falls under the activities mentioned in the Release and Waiver of Liability Agreement in this packet and therefore hold harmless Shreveport Baptist Temple and each of its Releases from all liability, claims, demands, losses or damages, on my child's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, and cost that any Release may incur as the result of any such claim.

### Movie Permission

My child, \_\_\_\_\_, has permission to watch child-appropriate, G or PG Rated movies at Shreveport Baptist Temple Day Camps.

Participant's Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Printed): \_\_\_\_\_ Best Contact Number: \_\_\_\_\_